

Provider Profile Instructions

Public and Private Providers wishing to participate in the Idaho Vaccines for Children Program must complete this form, and then return it to the Idaho Immunization Program.

1. Today's Date: Month _____ Day _____ Year _____
2. Employers Identification Number _____
aka: Federal Tax ID number If none: Providers Social Security Number
3. Provider's Name: (Physician-in-charge) _____
4. Clinic's Name: _____
5. Vaccine Shipping Address: _____
(Street address) (City) (State) (Zip)
6. Mailing Address: _____
(write **same**, if same as shipping address) (City) (State) (Zip)
7. Days and times vaccines may be delivered: _____
8. Immunization Contact Person: _____ Title: _____
9. Telephone number: _____ Fax Number: _____
10. Your facility is currently identified as what type of facility (see list below)?
 - A. Public Health Department
 - B. Public Hospital
 - C. Private Practice (Individual or Group)
 - D. Rural Health Clinic (RHC)
 - E. Private Hospital
 - F. Federally Qualified Health Center (FQHC)
 - G. Other Public Facility
 - H. Other Private Facility _____

It's very important that your facility be identified correctly, especially if you are a Rural Health Clinic, or a Federally Qualified Health Center. *Rural Health Clinics* may be defined as: A clinic located in a Health Professional Shortage Area, Medically Under-served Area, or a Governor-Designated Shortage Area. RHCs are required to be staffed by Physician Assistants, Nurse Practitioners, or Certified Nurse Midwives at least half of the time the clinic is open. *Federally Qualified Health Centers* may be defined as: A center that provides health care to a medically under-served population and has been approved for FQHC status by the Bureau of Primary Health Care. FQHCs include community and migrant health centers, special health facilities such as those for the homeless and persons with AIDS. They also include health centers within public housing and Indian health centers.

11. The Idaho Immunization Program needs your help, to calculate the number of children that will be **eligible for vaccine paid for by VFC funds in the year 2004**. (Unduplicated means counting a child only once even though the same child may receive immunizations several times during the year.) Part A (below) represents the number of unduplicated children that you anticipate will be immunized by your program in the year 2004.

Part A This is a projection of unduplicated children to be immunized at this facility during the year 2004. The numbers will be **ESTIMATED** since this is a new office/practice.

< 1 Year Old	1-6 Years	7-18 Years	Total
a.	b.	c.	d.

Part B Please fill in the blanks below. The only practices that fill in the “**underinsured**” category are FQHC and RHC programs. In almost every case, the numbers below in Part B **will not be equal, they will be less than** the total number of children in Part A above.

	<1 Year Old	1-6 Years	7-18 Years	Total
Enrolled in Medicaid				
No Health Insurance				
American Indian/Alaskan Native				
Underinsured (enter only if FQHC or RHC)				
Total (Normally should be less than total part A)				

{**HELPFUL HINTS**} The reason that the total children in Part B should (almost always) be less than the total children in Part A is that children who have insurance, or are not eligible for Medicaid are subtracted out of the Part A figures. In 2003, the CDC calculated that only 62.28% of the children in Idaho were qualified to fit into the Part B table. The rest of the children (37.72%) that were not included in Part B received free vaccine purchased with State of Idaho funds or 317 grant funds (federal). That meant that out of every 100 children reported in Part A only 63 children would probably be recorded in the Part B section for 2003. It's anticipated that for year 2004, the percentage of children who are VFC qualified (Part B) would remain somewhere between 60 and 70 percent of the Part A children. If you have any questions about completing this form please contact the Idaho Immunization Program for assistance. The toll free number is 800-554-2922, the VFC Coordinator's direct phone number is 208-334-4949.